

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **14932**

FILED MAY 4 1953

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3490		Registrar's No. 66	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 7 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Fairview Township 0590			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 1 mile north of Hale			
3. NAME OF DECEASED (Type or Print) a. (First) Magnetty		b. (Middle) Summers		c. (Last) Kinnison		4. DATE OF DEATH (Month) (Day) (Year) April 29, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 19, 1883		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Laclede County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Hugh Summers		13b. MOTHER'S MAIDEN NAME Elizabeth Squires		14. NAME OF HUSBAND OR WIFE Millard Erie Kinnison			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Millard E. Kinnison; Hale, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amuria ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shock DUE TO (c) Myocardial Infarction II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Cholecystectomy				INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days 3 days 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1949 , to Apr 29, 1953 , that I last saw the deceased alive on Apr 28, 1953 , and that death occurred at 5:15 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.				23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED May 1-53	
24a. BURLIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-1-53		24c. NAME OF CEMETERY OR CREMATORY Avalon		24d. LOCATION (City, town, or county) (State) Avalon, Missouri	
DATE REC'D BY LOCAL REG. 5-1-53		REGISTRAR'S SIGNATURE Francis B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.